



**3 NUTRITION SERVICES**  
**3.40 Breastfeeding Plan**

*Effective: 12/1/95*  
*Revised: 11/99*

**POLICY:** Local WIC Programs will work within their communities to establish breastfeeding as the norm for infant feeding. All WIC personnel have a role to play in this endeavor by providing the promotion and support necessary for the successful initiation and continuation of breastfeeding within the WIC community.

**\*\*\*State Goal:**

By Year 2010, the percentage of mothers who breastfeed their babies in the early postpartum period will reach or exceed 75%, and at least 50% of mothers will continue breastfeeding until the infant is 6 months of age and at least 25% will continue to breastfeed until the infant is 1 year old.

**PROCEDURE:**

**A. PROJECT OBJECTIVE.**

Identify to what percentages your breastfeeding Incidence, One Month Duration, and Six Month Duration will increase by the October computer reports date.

1. If your Incidence percentage is less than 55%, the objective should be to increase incidence at least 5 percentage points (17 percentage points are possible). (If caseload is a high proportion of minorities, you may use the 50% and 30% goals).
2. If your Incidence is 55% or better the objective should be to increase at least 3 percentage points (if caseload is primarily white, use the 75% and 50% goal).
3. The objective should be to increase One Month Duration at least 8 percentage points (18 percentage points is possible) and Six Months Duration at least 7 percentage points (28 percentage points is possible).

**B. REQUIRED ACTIONS TO ACHIEVE THE OBJECTIVE**

1. Maintain a positive atmosphere for breastfeeding promotion/support at WIC sites by:
  - a) not using materials and supplies that promote infant formula (e.g., educational materials, posters, pencils, note pads, cups, etc. with formula brand names printed on them)
  - b) storing samples of formula out of sight
  - c) when displaying breastfeeding posters, they must be culturally appropriate.



2. Utilize a tool or protocol for questioning women (e.g., one developed by Wisconsin WIC or the tool developed by Tennessee WIC, Spring 1993 "I Eat at Mom's"), who on the Prenatal Questionnaire, state/imply that they plan to formula feed. (See Attachments).
3. Provide at least one secondary breastfeeding contact to all interested/undecided pregnant women to address individual needs and concerns.
  - a) determine who will provide contacts (e.g., RD, RN, peer counselors, buddies, etc.)
  - b) determine how contacts will be provided (e.g., individual, group. Note: group sessions need to effectively address individual needs, otherwise, individual contacts are preferred)
  - c) determine when contacts will be provided (e.g., individual contacts offered monthly; group sessions offered quarterly; other)
4. Identify and use a procedure to determine within 7 days of delivery whether undecided/interested women are breastfeeding (use risk code 88 for undecided/interested women; Due Dates report; postcard to return to project; referral system with hospital(s) or home health nurse(s); other).
5. Assure that breastfeeding women are offered support within 7 days postpartum, including women that have breastfed before, and that this information is documented in the mother's or infant's WIC file.
  - a) determine who will provide the contacts (WIC staff or other provider)
  - b) determine how contacts will be provided (e.g., certification visit; phone call; home visit; other)
6. Breastfeeding education materials, other than state-developed materials, must be evaluated for accuracy in content (e.g., milk supply, health factors, positioning and comfort, social aspects). A sample evaluation tool is in the Attachments. Use of state-developed breastfeeding education materials is strongly encouraged.
7. Assess content of individual contacts and group sessions that address infant feeding to assure that breastfeeding is presented as the norm for infant feeding.
8. Breastfeeding promotion and support training must be incorporated into orientation programs for new employees who have direct client contact.



9. Meet with other programs in the **agency** to promote consistent breastfeeding promotion and support policies and procedures. Examples include, but are not limited to, using the same education materials, share written protocols, provide inservices).
10. Evaluate your project's breastfeeding activities and strategies as needed, and modify breastfeeding strategies based on the evaluation.

### **C. OPTIONAL ACTIONS**

1. Improve the atmosphere for breastfeeding promotion and support at certification and draft issuance sites by establishing nursing areas (e.g., private area, chairs with arms, quiet toys for siblings, etc.).
2. Establish a peer counselor system.
3. In conjunction with other **facilities** (e.g., hospitals) and **programs** (e.g., maternal and child health):
  - a) develop and implement a plan to coordinate breastfeeding promotion and support activities
  - b) develop and implement a plan to coordinate breast pump distribution (manual and electric) (see Breast Pumps policy under Administration)
4. Coordinate with other **community** resources to assure consistent breastfeeding promotion and support policies and procedures (e.g., develop and implement a needs assessment, implement procedures to support breastfeeding immediately after delivery and during the hospital stay, do not give discharge packs of formula, do early referrals to WIC, eliminate use of materials with formula names printed on them, etc.).
5. Coordinate with other community resources to conduct a public information campaign (e.g., newspaper articles, radio PSAs).
6. Form a community breastfeeding promotion task force.
7. Solicit donations to give as incentives to mothers who call WIC within 7 days postpartum.
8. Determine the percentages of breastfed infants by hospital; follow-up with hospitals with low breastfeeding rates.



9. List or describe any other breastfeeding promotion and support activities in which the project is or plans to be engaged.
10. Conduct an **annual** breastfeeding chart audit. Use information from the chart audit and the evaluation of participants' views and implement necessary changes.

#### **D. RESOURCES**

1. Key Elements for Promotion of Breastfeeding in the Continuum of Maternal and Infant Care - Report of the Surgeon General's Workshop on Breastfeeding and Lactation - DHHS 6/84
2. Breastfeeding Position Papers
  - a) Breastfeeding Promotion in the WIC Program - NAWD 92-002
  - b) Guidelines for Breastfeeding Promotion and Support in the WIC Program - NAWD 94-001
  - c) Policy Statement: American College of Nurse-Midwives - ACNM 7/92
  - d) Position Statement: Wellness Promotion Through Breastfeeding Support - Wisconsin Breastfeeding Coalition 3/99
  - e) Policy Statement: American Academy of Pediatrics, Work Group on Breastfeeding: Breastfeeding and the Use of Human Milk - Pediatrics 12/97
3. Model Hospital Policies for Full-term Normal Newborn Infants
  - a) Wellstart International - 12/92
4. WIC Promotes Breastfeeding Yet Provides Infant Formula
  - a) Position Paper: The Role of Infant Formula in the WIC Program - NAWD 92-001

#### **ATTACHMENTS:**

- \* Prenatal Infant Feeding Education/Counseling Tools: in "I Eat at Mom's" Spring 1993; and My Thoughts About Breastfeeding
- \* Breastfeeding Chart Audit
- \* Scoresheet for Evaluating Breastfeeding Educational Materials
- \* Key Elements for Promotion of Breastfeeding
- \* Six Position Papers
- \* Model Hospital Policies